

## Complete Summary

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### TITLE

Major depression in adults in primary care: percentage of patients whose results on 2 quantitative symptom assessment tools (such as Patient Health Questionnaire [PHQ-9]) decrease by 50 percent within six months (+/- 30 days) after diagnosis.

### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 May. 81 p. [201 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

#### Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients whose results on 2 quantitative symptom assessment tools (such as Patient Health Questionnaire [PHQ-9]) decrease by 50 percent within six months (+/- 30 days) after diagnosis.

### RATIONALE

The priority aim addressed by this measure is to improve the outcomes of treatment for major depression.

### PRIMARY CLINICAL COMPONENT

Major depression; treatment outcomes; quantitative symptom assessment tools (such as Patient Health Questionnaire [PHQ-9])

#### DENOMINATOR DESCRIPTION

Number of primary care patients greater than 18 years with new diagnosis\* of major depression, with documented 2 quantitative symptom assessment results in their medical chart

\*New diagnosis = no diagnosis in the six-month period prior to the target quarter.

#### NUMERATOR DESCRIPTION

Number of patients whose results on 2 quantitative symptom assessment tools (such as Patient Health Questionnaire [PHQ-9]) decrease by 50% from the previous result documented within 6 months (+/- 30 days)

#### Evidence Supporting the Measure

##### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

##### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Major depression in adults in primary care.](#)

#### Evidence Supporting Need for the Measure

##### NEED FOR THE MEASURE

Unspecified

#### State of Use of the Measure

##### STATE OF USE

Current routine use

##### CURRENT USE

Internal quality improvement

#### Application of Measure in its Current Use

##### CARE SETTING

Physician Group Practices/Clinics

#### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

#### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

#### TARGET POPULATION AGE

Age greater than 18 years

#### TARGET POPULATION GENDER

Either male or female

#### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

Depression is common, with a lifetime risk for major depressive disorder of 7% to 12% for men and 20% to 25% for women.

#### EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 May. 81 p. [201 references]

#### ASSOCIATION WITH VULNERABLE POPULATIONS

- Women (see "Incidence/Prevalence" field)
- Depression in the elderly is widespread, often undiagnosed and usually untreated. Depression in adults older than 65 years of age ranges from 7 to 36 percent in medical outpatient clinics and increases to 40 percent in the hospitalized elderly.

#### EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 May. 81 p. [201 references]

## BURDEN OF ILLNESS

- The estimate of the lifetime prevalence of suicide in patients ever hospitalized for suicidality is 8.6%. The lifetime risk is 4% for affective disorder patients hospitalized without specification of suicidality.
- The lifetime rate of suicide attempts is 7% in uncomplicated (no other psychiatric diagnosis) panic disorder and 7.9% in major depression. 19.8% of patients with comorbid panic disorder and major depression have attempted suicide.
- Persons with major depression have a 4.8 times greater risk for work disability than asymptomatic individuals and report significantly poorer intimate relationships and less satisfying social interactions.
- Major depression is associated with an increased risk of developing coronary artery disease, and has also been shown to increase the risk of mortality in patients after myocardial infarction by as much as four-fold.

## EVIDENCE FOR BURDEN OF ILLNESS

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 May. 81 p. [201 references]

## UTILIZATION

Unspecified

## COSTS

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

## IOM CARE NEED

Getting Better  
Living with Illness

## IOM DOMAIN

Effectiveness

## Data Collection for the Measure

## CASE FINDING

Users of care only

## DESCRIPTION OF CASE FINDING

Adults greater than 18 years with a new primary care diagnosis\* of major depression

Identify base population through claims, encounter data, scheduling information, or list of diagnosis codes to determine those with previous Patient Health Questionnaire (PHQ-9) or other instrument score documented.

The suggested time period for data collection is a calendar month.

\*New diagnosis = no diagnosis in the six-month period prior to the target quarter.

## DENOMINATOR SAMPLING FRAME

Patients associated with provider

## DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Number of primary care patients greater than 18 years with new diagnosis\* of major depression, with documented 2 quantitative symptom assessment results in their medical chart

Suggested International Classification of Diseases, Ninth Revision (ICD-9) codes include: 296.2x or 296.3x

\*New diagnosis = no diagnosis in the six-month period prior to the target quarter.

### Exclusions

Unspecified

## RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

## DENOMINATOR (INDEX) EVENT

Clinical Condition

Diagnostic Evaluation

## DENOMINATOR TIME WINDOW

Time window precedes index event

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Number of patients whose results on 2 quantitative symptom assessment tools (such as Patient Health Questionnaire [PHQ-9]) decrease by 50% from the previous result documented within 6 months (+/- 30 days)

Exclusions  
Unspecified

#### MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Administrative data  
Medical record

#### LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

#### OUTCOME TYPE

Clinical Outcome

#### PRE-EXISTING INSTRUMENT USED

Patient Health Questionnaire (PHQ-9)

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

Percentage of patients whose results on 2 quantitative symptom assessment tools (such as PHQ-9) decrease by 50 percent within six months (+/- 30 days) after diagnosis.

### MEASURE COLLECTION

[Major Depression in Adults in Primary Care Measures](#)

### DEVELOPER

Institute for Clinical Systems Improvement

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

2004 May

### REVISION DATE

2006 May

### MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 May. 78 p.

### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 May. 81 p. [201 references]

### MEASURE AVAILABILITY

The individual measure, "Percentage of patients whose results on 2 quantitative symptom assessment tools (such as PHQ-9) decrease by 50 percent within six months (+/- 30 days) after diagnosis," is published in "Health Care Guideline: Major Depression in Adults in Primary Care." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org).

## NQMC STATUS

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